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## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

ONAD	APPROVAL	
UNID	AFFRUVAL	

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response . . . 1.00

SEC USE ONLY						
Prefix	<u> </u>	Serial				
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	l					

Name of Offering ( check if this is an amendment and name has changed, and indicate Convertible Note	$\frac{\text{change.}}{1302/2}$				
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐	e 506 Section 46 ROCESSED				
A. BASIC IDENTIFICATION DATA					
Enter the information requested about the issuer	SFP 02 ZUU4				
Name of Issuer ( check if this is an amendment and name has changed, and indicate change Tradepoint Solutions, Inc.	THOMSON				
Address of Executive Offices (Number and Street, City, State, Zip Code) 2000 Powell St., Suite 140, Emeryville, CA 94608	Telephone Number (Including Area Code) 510-655-8411				
Iling Under (Check box(es) that apply):					
Brief Description of Business Promotion forms management and database management for consumer packaged goods					
;					
	<del></del>				
Actual or Estimated Date of Incorporation or Organization: Month Year  August 2000	for State: CA				

#### GENERAL INSTRUCTIONS

#### Fadaral

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Hafferkamp, Russell, CEO Business or Residence Address (Number and Street, City, State, Zip Code) 2000 Powell St., Suite 140, Emeryville, CA 94608 ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Magowan, Charles Business or Residence Address (Number and Street, City, State, Zip Code) 2000 Powell St., Suite 140, Emeryville, CA 94608 Check Box(es) that Apply: Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Dan Skaff Business or Residence Address (Number and Street, City, State, Zip Code) Sienna Ventures 2330 Marinship Way, Suite 130, Sausalito, California 94965 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Charles Lynch Business or Residence Address (Number and Street, City, State, Zip Code) Market Value Partners SRI Bldg., suite 320, 333 Ravenswood Ave., Menlo Park CA 94025 Promoter Beneficial Owner □ Director General and/or Check Box(es) that Apply: Executive Officer Managing Partner Full Name (Last name first, if individual) Mark Goldstein Business or Residence Address (Number and Street, City, State, Zip Code) 57 W. Shore Road Belvedere CA 94920 ☐ Promoter ☐ Beneficial Owner Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Richard Rodriguez (Number and Street, City, State, Zip Code) Business or Residence Address Tesla Capital 4115 Blackhawk Plaza Circle, Suite 100, Danville CA 94506 Promoter Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### A. BASIC IDENTIFICATION DATA (cont.) 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Sienna Limited Partnership, III Business or Residence Address (Number and Street, City, State, Zip Code) 2230 Marinship Way, Suite 130, Sausalito, CA 94965 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. II	NFORMA	TION AB	OUT OF	FERING				
							-				70	Y	es No
1.	Has the iss	suer sold,	or does the	issuer int	end to sell	, to non-ac	credited in	vestors in	this offeri	ng?			
		•	•	Answ	er also in A	Appendix,	Column 2,	if filing u	nder ULO	E.			
2.	What is th	e minimur	n investme	ent that wil	l be accep	ted from a	ny individ	ual?		***********		\$	n/a
					•		•						es No
3.	Does the c	offering ne	rmit ioint (	ownership	of a single	e unit?							
			-	-	-						ectly, any c		<b>3</b> -
	sion or sin to be listed name of th	nilar remu d is an asso ne broker o	neration fo ociated per	or solicitati son or age of more that	on of purcent of a bro nt of a bro n five (5)	hasers in o ker or dea persons to	connection ler register	with sales red with th	of securiti	es in the o	ffering. If a state or stat broker or d	a person es, list the	
Full	Name (Las	st name fir	st, if indivi	idual)			·						
		<del></del>	<del></del>										
Busii	ness or Re	sidence A	ddress (Nu	mber and S	Street, City	y, State, Zi	ip Code)						
Nam	e of Assoc	iated Brok	er or Deal	er									
State	s in Which	Person L	isted Has S	Solicited o	r Intends t	o Solicit P	urchasers		1-				
													All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Las	st name fir	st, if indivi	idual)				<u> </u>	•		<del></del>		
Busii	ness or Re	sidence Ac	ddress (Nu	mber and !	Street, City	y, State, Zi	ip Code)	<del></del>	·		<u></u>		
			, <u> </u>								····		
Nam	e of Assoc	iated Brok	er or Deal	er									
			isted Has S							-		. [	All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Las	st name fir	st, if indivi	dual)	-				<u></u>				
Busin	ness or Res	sidence Ac	dress (Nu	mber and S	Street, City	y, State, Zi	p Code)						
Nam	e of Assoc	iated Brok	er or Deale	er									<del>-</del>
			isted Has S									Г	All States
	(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	(AI)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MM]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	(SC)	[SD]	(TN)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	(WI)	(WY)	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING, FRICE, NUMBER OF INVESTORS, EXPENS	ES A	ND USE OF FROM	CEEDS	<u>'</u>		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.						
	Type of Security		Aggregate Offering Price		An	nount Already Sold	
	Debt	\$	-0-	\$		-0-	
	Equity	\$	-0-	\$		-0-	_
	☐ Common ☐ Preferred						
	Convertible Securities (including warrants)	\$ <u>1</u>	,100,000.00	\$	55	0,000.00	
	Partnership Interests	\$	-0-	\$	Manager & Company	-0	
	Other (Specify) Limited Liability Company Membership Interests	\$	-0-	\$	_	-0-	
	TotalAnswer also in Appendix, Column 3, if filing under ULOE	\$ <u>1</u> .	,100,000.00	\$	55	0,000.00	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."						
			Number Investors			Aggregate ollar Amount of Purchases	
	Accredited Investors		3	_ \$	55	0,000.00	
	Non-accredited Investors		0	_ \$		0	
	Total (for filings under Rule 504 only)		0	\$		0	
	Answer also in Appendix, Column 4, if filing under ULOE						
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		Type of		n	ollar Amount	
	Type of Offering		Security		D	Sold	
	Rule 505	_	n/a	\$		n/a	
	Regulation A		n/a	\$		n/a-	
	Rule 504		n/a	\$		n/a	
	Total		n/a	_ \$		n/a-	
<b>1</b> .	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.						
	Transfer Agent's Fees		***************************************	□ \$_	-0-		
	Printing and Engraving Costs	•••••		□ \$_	-0-		_
	Legal Fees		***************************************	<b>⊠</b> \$_	20,00	00.00	_
	Accounting Fees		***************************************	<b>\$</b>	-0-	,	_
	Engineering Fees	<b></b>	***************************************	□ \$_	-0-		
	Sales Commissions (specify finders' fees separately)			□ \$_	-0-		
	Other Expenses (identify) Finders' Fees		***************************************	□ \$_	-0-		
	Total			⊠s	20.00	0.00	

	C OFFERNAC PRICE AVAILABLE	OR INTROCEOUS PARENCE	TO AND LICE OF PRO	CTORO
	C. OFFERING, PRICE, NUMBER	OF INVESTORS, EXPENS	ES AND USE OF PRO	OCEEDS
	b. Enter the difference between the aggregate price gi Question 1 and total expenses furnished in response to difference is the "adjusted gross proceeds to the issuer.".	Part C - Question 4.a. This		\$ <u>1,080,000.00</u>
5.	Indicate below the amount of adjusted gross proceeds to to be used for each of the purposes shown. If the am known, furnish an estimate and check the box to the left the payments listed must equal the adjusted gross proce response to Part C - Question 4.b above.	ount for any purpose is not of the estimate. The total of	Payments To Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		\$0-	\$ <u>-0-</u>
	Purchase of real estate		\$0-	\$0-
	Purchase, rental or leasing and installation of machin	nery and equipment	\$0-	\$0
	Construction or leasing of plant buildings and facilit	ies	\$0-	\$0
	Acquisition of other businesses (including the value this offering that may be used in exchange for the as issuer pursuant to a merger)	sets or securities of another	S -0- S -0-	\$0-
	Working capital Other (specific):non-cash consideration received		S -0-	
	Other (specific):non-cash consideration received	for snares	S0-	<u> </u>
	Column Totals		\$ <u>-0-</u> \$ \$ -0-	\$ -0- \$ -0-
	Total Payments Listed (column totals added)			080,000.00
	Total Laymonto Disted (column totals added)		<b>∠3</b> Ψ <u>1</u> ,	<del>000,000.00</del>
_		PROPER AL CICNAMIEN		
		FEDERAL SIGNATURE	70.1	
sig	e issuer has duly caused this notice to be signed by the undenature constitutes an undertaking by the issuer to furnish to primation furnished by the issuer to any non-accredited inve	the U.S. Securities and Excha	ange Commission, upon	
Issi	ner (Print or Type) Tradepoint Solutions, Inc.	Signature My		Date Augus 27, 2004
	ne of Signer (Print or Type) arles Magowan	Title of Signer (Print or Typ Secretary	e)	

### **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E.	STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 presently subject of such rule?	t to any of the disqualification pro	visions Ye	es No				
	See Append	dix, Column 5, for state response.						
2.	The undersigned issuer hereby undertakes to furnish to a (17 CFR 239.500) at such times as required by state law.	ny state administrator of any stat	e in which this notice is filed, a r	notice on Form D				
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.	The undersigned issuer represents that the issuer is famil Offering Exemption (ULOE) of the state in which this not has the burden of establishing that these conditions have be	ice is filed and understands that t						
	ne issuer has read this notification and knows the contents to ally authorized person.	be true and has duly caused this	notice to be signed on its behalf b	y the undersigned				
Issu	suer (Print or Type) Tradepoint Solutions, Inc.	Signature My	Date Augus2	<del>1</del> ,2004				
Nai	ame of Signer (Print or Type) Charles Magowan	Title (Print or Type) Secretary						

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				Al	PPENDIX				
1	to non- investo	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of in amount purc (Part C	Disqual Under St (if yes explan waiver	5 ification ate ULOE , attach ation of granted -Item 1)		
State	Yes	No	Convertible Note	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X	\$1,100,000.00	3	\$550,000.00	0	0		X
СО									
СТ		_		:					
DE				•					
DC				`					
FL									
GA									
HI									
ID						,			
IL									
ĪN									
IA	,								
KS									
KY					_				
LA		_							
ME									
MD									
MA		_							
MI		_							
MN									
MS									
МО					_				

				Al	PPENDIX				
1	to non- investo	d to sell accredited ors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of i amount puro (Part (	5 Disqualification Under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)			
State	Yes	No	Convertible Note	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR					,				
CA		X	\$1,100,000.00	3	\$550,000.00	0	0		Х
СО									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
ĪN									
IA									
KS									
KY						•			
LA									
ME									
MD									
MA									
MI									
MN									
MS									
МО									